

# Registration and Waiver Form

*\*To be completed before the commencement of activity*

1. For participants under 18 years old, this form must be signed by participant's parent or legal guardian.
2. The Rock School LLP reserves the right to deny admission to anyone we deem unsuitable to meet the physical, mental, or safety demands of our activities without risking or harming himself/herself and/or others.

## PARTICIPANT INFORMATION

Name of Participant					
Gender	M	F	Mobile Contact No.	Email	
Emergency Contact Name				Emergency Contact No.	

## RECEIVE OF MARKETING MATERIALS

Yes, I would like to receive exciting updates and promotions from The Rock School.

## MEDICAL DECLARATION

For participants under 18 years old, this declaration must be filled up by participant's parent or legal guardian.

To assist us in knowing you or your child's/ward's medical history better, please fill in the questionnaire below and attach it together with any relevant documentation proof. Do you or your child/ward have any conditions that may adversely affect you or your child's/ward's capacity to participate in rock climbing and its related activities?

<input type="checkbox"/> Hay fever, asthma or wheezing	<input type="checkbox"/> Frequent colds, sore throats, ear aches	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Eczema or frequent skin rashes	<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Fainting/dizziness
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Diarrhea/constipation
<input type="checkbox"/> Abnormal menstrual history	<input type="checkbox"/> Bleeding/clotting disorder	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Emotional difficulties
<input type="checkbox"/> Others:	<input type="checkbox"/> NIL – I / my child or ward do not have any medical conditions to declare.	

## ACKNOWLEDGEMENT, INDEMNITY & UNDERTAKING BY PARTICIPANT AND/OR PARENT/GUARDIAN

I acknowledge that there are significant elements of risk associated with the sport of rock climbing & bouldering which includes but are not limited to:

1. Injuries due to falling from and crashing into walls and obstacles built for the purpose of the programmes
2. Injuries such as cuts, abrasions, et cetera due to contact with equipment and hand holds
3. Injuries due to falling objects that are not part of structural design or due to falling users of the facilities
4. Injuries due to any equipment failures resulting from user mishandling
5. Injuries due to failing or improper usage of personal equipment or any equipment not provided by THE ROCK SCHOOL LLP
6. Injuries due to negligence of other users and staff in the facilities
7. Injuries due to individual's physical and mental limits causing reduction/loss of functional abilities

I acknowledge the nature and extent of the risks inherent in rock climbing and the use of the facilities are beyond the above listed. I understand that I or my child/ward will have to cooperate fully with the staff and diligently comply with the staff's instructions and all safety measures in place. If I or my child/ward have any safety concerns whatsoever, I or my child/ward will inform the staff to have such concerns addressed.

I am aware and agree that I or my child's/ward's participation in the activity/programme involves a certain amount of risks. It is intended only for those without significant medical problems as declared in the medical declaration section (including recent infections or injuries) and those who have been exercising regularly. I or my child/ward is physically and mentally capable of participating in the activity/programme and/or use of equipment.

I (and on behalf of my child/ward) agree that, to the fullest extent permitted by the laws of Singapore, I (and on behalf of my child/ward) will not hold responsible or take any action against THE ROCK SCHOOL LLP for any loss, damage, injury or death, that may be sustained by me or my child/ward, except for personal injury or death resulting from gross and sole negligence of THE ROCK SCHOOL LLP, or to any property belonging to me or my child/ward while participating in the activity/programme, utilizing the facilities or while on the premises where the activity/programme is being conducted, while in transit to or from the premises, or in any place or places connected with the premises.

In consideration of agreeing to participate in the activity/programme and utilizing the facilities, I (and on behalf of my child/ward) agree that if during my participation I or my child/ward deliberately or negligently cause any injury, death, accident, mishap and damage to any person or his or her property, I will indemnify THE ROCK SCHOOL LLP in respect of all damages, costs and expenses it may incur if that person makes claim or takes action against THE ROCK SCHOOL LLP in respect of the same.

I fully understand and agree that the personal information which I have provided, photos, videos or data collected throughout the programme may be used or disclosed to other agencies or individuals for the purposes of research, evaluation, reports, marketing or advertising. I agree for THE ROCK SCHOOL LLP to contact me for any purpose and matters related to the services provided or are being provided by THE ROCK SCHOOL LLP.

This document is a legally binding agreement. By signing this agreement, you are acknowledging that you have read, understood and accepted the terms and conditions stated in this agreement. You further acknowledge and agree that you are waiving your rights to bring any legal action to recover compensation or obtain any other remedy for any injury to yourself, child/ward or your property.

In witness whereof, I have ample time to read through and acknowledge this agreement on this day.

**The information provided is true to the best of my knowledge and I did not withhold any vital information.**

Participant/Parent/Guardian/Responsible Party's Signature	Date
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